

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044888

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 410

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED DEC 6 1963

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (NOT in hospital, give location) <u>Rest Haven Home</u>		d. STREET ADDRESS (If outside, give location) <u>804 W. 16th</u>	
3. NAME OF DECEASED (Type or print) First <u>Cleo</u> Middle <u>Boston</u> Last <u>Boston</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-9-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garment work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lany factory</u>	
11. BIRTHPLACE (City and state or country) <u>Sedalia Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Lewis C. Leiter</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Matthews</u>	
14. NAME OF HUSBAND OR WIFE <u>John P. Boston</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>770-200444</u>		17. INFORMANT <u>Mrs. Dorothy Damrell - Sedalia</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Vascular Congestion</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>years</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:32 P.</u> Month, Day, Year <u>Dec 4 1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Sedalia, Mo</u>	
21. I attended the deceased from <u>20 July 1963</u> to <u>3 Dec 1963</u> and last saw her alive on <u>3 Dec 1963</u> Death occurred at <u>1:32 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>W. H. H. H.</u>	
22b. ADDRESS <u>Woodland Bldg.</u>		22c. DATE SIGNED <u>12-4-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-5-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
24. FUNERAL DIRECTOR <u>M. Laughlin Bros - Sedalia</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 4, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>W. H. H. H.</u>		27. REGISTRAR'S SIGNATURE <u>W. H. H. H.</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1963

DEC 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed K. P. M. Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.